



## Department of Health

ANDREW M. CUOMO  
Governor

HOWARD A. ZUCKER, M.D., J.D.  
Commissioner

SALLY DRESLIN, M.S., R.N.  
Executive Deputy Commissioner

April 22, 2016

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Jatinder Bhasin, M.D.  
Plattsburgh Internal Medicine  
72 Margaret Street  
Plattsburgh, New York 12901

Re: License No. 220303

Dear Dr. Bhasin:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 16-135. This order and any penalty provided therein goes into effect April 29, 2016.

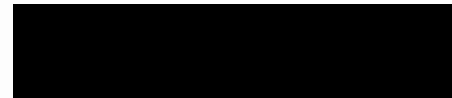
**If the penalty imposed by this Order is a surrender, revocation or suspension, you are required to deliver your license and registration within five (5) days of receipt of this Order to: c/o Physician Monitoring Unit, NYS DOH - OPMC, Riverview Center, Suite 355, 150 Broadway, Albany, NY 12204-2719.**

**If your license is framed, please remove it from the frame and only send the parchment paper on which your name is printed. Our office is unable to store framed licenses.**

If the document(s) are lost, misplaced or destroyed, you are required to submit to this office an affidavit to that effect. Please complete and sign the affidavit before a notary public and return it to the Office of Professional Medical Conduct.

Please direct any questions to: NYS DOH - OPMC, Riverview Center, Suite 355, 150 Broadway, Albany, NY 12204-2719, telephone # (518)402-0855.

Sincerely,



Katherine A. Hawkins, M.D., J.D.  
Executive Secretary  
Board for Professional Medical Conduct

cc: William D. Yoquinto, Esq.  
Carter Conboy Case Blackmore Maloney & Laird, P.C.  
20 Corporate Woods Boulevard  
Albany, New York 12211-2396

Enclosure

IN THE MATTER  
OF  
JATINDER BHASIN, M.D.

SURRENDER  
ORDER

Upon the application of (Respondent) JATINDER BHASIN, M.D. to Surrender his or her license as a physician in the State of New York, which is made a part of this Surrender Order, it is

ORDERED, that the Surrender, and its terms, are adopted and it is further

ORDERED, that Respondent's name be stricken from the roster of physicians in the State of New York; it is further

ORDERED, that this Order shall be effective upon issuance by the Board, either

- by mailing of a copy of this Surrender Order, either by first class mail to Respondent at the address in the attached Surrender of License application or by certified mail to Respondent's attorney, OR
- upon facsimile transmission to Respondent or Respondent's attorney,

Whichever is first.

SO ORDERED.

DATE: 4/21/2016

  
ARTHUR S. HENGERER, M.D.  
Chair  
State Board for Professional Medical Conduct

NEW YORK STATE DEPARTMENT OF HEALTH  
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER  
OF  
JATINDER BHASIN, M.D.

SURRENDER  
OF  
LICENSE  
AND  
ORDER

JATINDER BHASIN, M.D., represents that all of the following statements are true:

That on or about February 1, 2001, I was licensed to practice as a physician in the State of New York, and issued License No. 220303 by the New York State Education Department.

My current address is 72 Margaret Street, Plattsburgh, New York, 12901.

I understand that the New York State Board for Professional Medical Conduct (Board) has charged me with one or more specifications of professional misconduct, as set forth in a Statement of Charges, marked as Exhibit "A", which is attached to and part of this Surrender of License.

I am applying to the State Board for Professional Medical Conduct for permission to surrender my license as a physician in the State of New York on the grounds that I do not contest the specifications, in full satisfaction of the charges against me.

I ask the Board to accept my Surrender of License, and I agree to be bound by all of the terms set forth in attached Exhibit "B".

I understand that, if the Board does not accept my Surrender of License, none of its terms shall bind me or constitute an admission of any of the acts of misconduct alleged; this application shall not be used against me in any way and shall be kept in strict

confidence; and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to the Public Health Law.

I agree that, if the Board accepts my Surrender of License, the Chair of the Board shall issue a Surrender Order in accordance with its terms. I agree that this Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Surrender Order by first class mail to me at the address in this Surrender of License, or to my attorney by certified mail, or upon facsimile transmission to me or my attorney, whichever is first. The Surrender Order, this agreement, and all attached exhibits shall be public documents, with only patient identities, if any, redacted. As public documents, they may be posted on the Department's website(s). OPMC shall report this action to the National Practitioner Data Bank, the Federation of State Medical Boards, and any other entities that the Director of OPMC shall deem appropriate.

I ask the Board to accept this Surrender of License, which I submit of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's acceptance of this Surrender of License, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Surrender Order for which I apply, whether administratively or judicially, and I agree to be bound by the Surrender Order.

I understand and agree that the attorney for the Department, the Director of the Office of Professional Medical Conduct and the Chair of the State Board for Professional Medical Conduct each retain complete discretion either to enter into the proposed agreement and Order, based upon my application, or to decline to do so. I further

understand and agree that no prior or separate written or oral communication can limit that discretion.

DATE 4/7/16

  
\_\_\_\_\_  
JATINDER BHASIN, M.D.  
RESPONDENT

The undersigned agree to Respondent's attached Surrender of License and Order and to its proposed penalty, terms and conditions.

DATE: 4/12/16

  
WILLIAM D. YOQUINTO, ESQ.  
Attorney for Respondent

DATE: 4/18/16

  
MICHAEL A. HISER, ESQ.  
Deputy Counsel  
Bureau of Professional Medical Conduct

DATE: 4/19/16

  
KEITH W. SERVIS  
Director  
Office of Professional Medical Conduct

NEW YORK STATE DEPARTMENT OF HEALTH  
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

EXHIBIT A  
STATEMENT  
OF  
CHARGES

IN THE MATTER  
  
OF  
  
JATINDER BHASIN, M.D.

Jatinder Bhasin, M.D., the Respondent, was authorized to practice medicine in New York State on or about February 1, 2001, by the issuance of license number 220303 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

A. Respondent provided medical care to Patient A (patients are identified in the attached Appendix), a 57 year old female patient, on May 1, 2013 at his office at Plattsburgh Internal Medicine, 72 Margaret Street, Plattsburgh, NY 12901 ("Respondent's office"). Patient A had complained of neck and back spasms. Respondent's care of Patient A failed to comport with accepted standards of medical practice, in that:

1. Respondent failed to obtain an adequate medical history of Patient A at the initial visit, and/or failed to document that he obtained such a history.
2. Respondent failed to perform an adequate physical examination of Patient A, and/or document that he performed an adequate physical examination.
3. Respondent's use of trigger point injections, on May 1, 2013, was contrary to accepted standards of practice, in that: Respondent provided trigger point injections to the patient, prior to any other conservative treatment attempts;
4. Respondent's medical record failed to adequately document the evaluation and treatment of the patient.

B. Respondent provided medical care to Patient B, a 32 year old male patient, on May 7, 2010, at Respondent's office. Patient B had complained of shoulder and neck pain. Respondent's care of Patient B failed to comport with accepted standards of medical practice, in that:

1. Respondent failed to obtain an adequate medical history of Patient B at the initial visit, and/or failed to document that he obtained such a history.
2. Respondent failed to perform an adequate physical examination of Patient B, and/or document that he performed an adequate physical examination.
3. Respondent failed to obtain adequate informed consent for the patient's pain management treatment.
4. Respondent prescribed Methadone to Patient B at the time of the initial visit without adequate medical indication, and/or without documenting such adequate medical indication.
5. Respondent's medical record failed to adequately document the evaluation and treatment of the patient.

C. Respondent provided medical care to Patient C, a 48 year old female patient, on various occasions from March 2010 – March of 2013 at Respondent's office. Patient C had complained of a variety of issues including kidney pain, anxiety, right hip pain, etc. Respondent's care of Patient C failed to comport with accepted standards of medicine, as follows:

1. Respondent failed to obtain an adequate medical history of Patient C, and/or failed to document that he obtained such a history.
2. Respondent failed to do adequate initial or ongoing physical examinations of Patient C, and/or failed to document such initial or ongoing physical examinations.
3. Respondent provided arm, shoulder, neck, right foot, and/or low back injections on multiple occasions between May 2013 and October 2013, contrary to accepted standards of practice, in that Respondent provided all or some of such injections without adequate medical indication and/or without documenting such adequate medical indication.



4. Respondent failed to maintain a medical record for the patient that accurately reflects the evaluation and treatment of the patient.

D. Respondent provided medical care to Patient D, a 39 year old female patient, on various occasions from at least 2012 through 2013 at Respondent's office. Patient D had complained of a variety of issues including intestinal disorder, anxiety, etc. Respondent's care of Patient D failed to comport with accepted standards of medicine, as follows:

1. Respondent failed to obtain an adequate medical history of Patient D, and/or failed to document that he obtained such a history.
2. Respondent failed to do adequate initial or ongoing physical examinations of Patient D, and/or failed to document such initial or ongoing physical examinations.
3. Respondent provided multiple injections between on or about August 2013 and September 2013, contrary to accepted standards of practice, in that Respondent provided all or some of such injections without adequate medical indication and/or without documenting such adequate medical indication.
4. Respondent failed to maintain a medical record for the patient that accurately reflects the evaluation and treatment of the patient.

E. Respondent, on or about December 8, 2011, October 8, 2013, and March 24, 2015, personally or through an agent provided medical records to the Office of Professional Medical Conduct relating to care he provided to Patient E on various dates.

1. Respondent's note of treatment dated June 14, 2011, as contained in the records provided on October 8, 2013, contains multiple additional notations that did not appear on the same note in the records provided by the Respondent nearly two years earlier, on December 8, 2011. The new entries, including references to the patient's medical history and medication regimen, are not documented as "late entries".
2. Respondent's note of treatment dated January 31, 2011, as contained in the records provided on October 8, 2013, contains multiple additional notations that

did not appear on the same note in the records provided by the Respondent nearly two years earlier, on December 8, 2011. The new entries, including the addition of more than twenty specific physical findings, and six newly entered specific diagnostic "impression", are not documented as "late entries".

3. Respondent's note of treatment dated July 27, 2010, as contained in the records provided on October 8, 2013, contains multiple additional notations that did not appear on the same note in the records provided by the Respondent nearly two years earlier, on December 8, 2011. The new entries, including references to specific physical findings such as the patient "[complained of] back pain... also [right] hip pain... external area is tender", and five newly entered specific diagnostic "impressions", are not documented as "late entries".
4. Respondent's note of treatment dated June 29, 2010, as contained in the records provided on October 8, 2013, contains multiple additional notations that did not appear on the same note in the records provided by the Respondent nearly two years earlier, on December 8, 2011. The new entries, including references to illuminate the patient's complaint, with description of what the Respondent intended to do, the addition of diagnoses of "osteopenia" and "hypercholesteremic", and the addition of nearly twenty new specific physical findings or symptoms, are not documented as "late entries".

F. Respondent, on or about December 8, 2011, October 8, 2013, and March 24, 2015, personally or through an agent provided medical records to the Office of Professional Medical Conduct relating to care he provided to Patient F on various dates.

1. Respondent's note of treatment dated February 15, 2011, as contained in the records provided on October 8, 2013, contains multiple additional notations that did not appear on the same note in the records provided by the Respondent nearly two years earlier, on December 8, 2011. The new entries, including the addition of more than twenty new specific physical findings or symptoms ("[no] SOB"; "[no] chest pain"; "pt. complains of shoulder pain while shoveling"), and four newly added diagnostic impressions with medication listings, are not documented as "late entries".

**SPECIFICATION OF CHARGES****FIRST SPECIFICATION****NEGLIGENCE ON MORE THAN ONE OCCASION**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of:

1. The facts in Paragraphs A and A.1, A and A.2, A and A.3, A and A.4; B and B.1, B and B.2, B and B.3; C and C.1, C and C.2, C and C.3, C and C.4; D and D.1, D and D.2, D and D.3, D and D.4; E and E.1, E and E.2, E and E.3, E and E.4; and/or F and F.1.

**SECOND SPECIFICATION****FAILURE TO MAINTAIN RECORDS**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(32) by failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient, as alleged in the facts of:

2. The facts in Paragraphs A and A.1, A and A.2, A and A.3, A and A.4; B and B.1, B and B.2, B and B.3; C and C.1, C and C.2, C and C.3, C and C.4; D and D.1, D and D.2, D and D.3, D and D.4; E and E.1, E and E.2, E and E.3, E and E.4; and/or F and F.1.

DATE: April 19, 2016  
Albany, New York



MICHAEL A. HISER  
Deputy Counsel  
Bureau of Professional Medical Conduct

## EXHIBIT "B"

### Requirements for Closing a Medical Practice Following a Revocation, Surrender, Limitation or Suspension of a Medical License

1. Licensee shall immediately cease and desist from engaging in the practice of medicine in New York State, or under Licensee's New York license, in accordance with the terms of the Order. In addition, Licensee shall refrain from providing an opinion as to professional practice or its application and from representing that Licensee is eligible to practice medicine.
2. Within 5 days of the Order's effective date, Licensee shall deliver Licensee's original license to practice medicine in New York State and current biennial registration to the Office of Professional Medical Conduct (OPMC) at Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204-2719.
3. Within 15 days of the Order's effective date, Licensee shall notify all patients of the cessation or limitation of Licensee's medical practice, and shall refer all patients to another licensed practicing physician for continued care, as appropriate. Licensee shall notify, in writing, each health care plan with which the Licensee contracts or is employed, and each hospital where Licensee has privileges, that Licensee has ceased medical practice. Within 45 days of the Order's effective date, Licensee shall provide OPMC with written documentation that all patients and hospitals have been notified of the cessation of Licensee's medical practice.
4. Licensee shall make arrangements for the transfer and maintenance of all patient medical records. Within 30 days of the Order's effective date, Licensee shall notify OPMC of these arrangements, including the name, address, and telephone number of an appropriate and acceptable contact person who shall have access to these records. Original records shall be retained for at least 6 years after the last date of service rendered to a patient or, in the case of a minor, for at least 6 years after the last date of service or 3 years after the patient reaches the age of majority, whichever time period is longer. Records shall be maintained in a safe and secure place that is reasonably accessible to former patients. The arrangements shall include provisions to ensure that the information in the record is kept confidential and is available only to authorized persons. When a patient or a patient's representative requests a copy of the patient's medical record, or requests that the original medical record be sent to another health care provider, a copy of the record shall be promptly provided or forwarded at a reasonable cost to the patient (not to exceed 75 cents per page.) Radiographic, sonographic and similar materials shall be provided at cost. A qualified person shall not be denied access to patient information solely because of an inability to pay.

5. In the event that Licensee holds a Drug Enforcement Administration (DEA) certificate for New York State, Licensee shall, within 15 days of the Order's effective date, advise the DEA, in writing, of the licensure action and shall surrender Licensee's DEA controlled substance privileges for New York State to the DEA. Licensee shall promptly surrender any unused DEA #222 U.S. Official Order Forms Schedules 1 and 2 for New York State to the DEA. All submissions to the DEA shall be addressed to Diversion Program Manager, New York Field Division, U.S. Drug Enforcement Administration, 99 Tenth Avenue, New York, NY 10011.
6. Within 15 days of the Order's effective date, Licensee shall return any unused New York State official prescription forms to the Bureau of Narcotic Enforcement of the New York State Department of Health. If no other licensee is providing services at Licensee's practice location, Licensee shall properly dispose of all medications.
7. Within 15 days of the Order's effective date, Licensee shall remove from the public domain any representation that Licensee is eligible to practice medicine, including all related signs, advertisements, professional listings (whether in telephone directories, internet or otherwise), professional stationery or billings. Licensee shall not share, occupy, or use office space in which another licensee provides health care services.
8. Licensee shall not charge, receive or share any fee or distribution of dividends for professional services rendered by Licensee or others while Licensee is barred from engaging in the practice of medicine. Licensee may be compensated for the reasonable value of services lawfully rendered, and disbursements incurred on a patient's behalf, prior to the Order's effective date.
9. If Licensee is a shareholder in any professional service corporation organized to engage in the practice of medicine, Licensee shall divest all financial interest in the professional services corporation, in accordance with New York Business Corporation Law. Such divestiture shall occur within 90 days. If Licensee is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within 90 days of the Order's effective date.
10. Failure to comply with the above directives may result in a civil penalty or criminal penalties as may be authorized by governing law. Under N.Y. Educ. Law § 6512, it is a Class E Felony, punishable by imprisonment for up to 4 years, to practice the profession of medicine when a professional license has been suspended, revoked or annulled. Such punishment is in addition to the penalties for professional misconduct set forth in N.Y. Pub. Health Law § 230-a, which include fines of up to \$10,000 for each specification of charges

of which the Licensee is found guilty, and may include revocation of a suspended license.